

>> Hello and welcome back to
Part Two of the PS15-1502,

Comprehensive High Impact HIV Prevention
Project for Community-Based Organizations.

And so in the first part -- in Part One of the
presentation, we talked a lot about the overview
of the program, but also the eligibility,
and the first few required components.

And so Part Two of the presentation will
finish up with the required program components,
but we'll talk about some of the
other components related to submission

of your applications, available
technical assistance, etcetera.

So again, we'll start with comprehensive HIV
prevention projects for HIV positive persons.

And so within this component, we have the
first subcomponent, which is linkage to care.

And when we're talking about linkage to care,
we're really wanting organizations to focus

on enhancing existing, or
establishing new structures that align

with the support the HIV Continuum of
Care and the National HIV/AIDS Strategy.

And just that -- as I've mentioned in Part
One, when we're looking at the HIV Continuum
of Care, we're looking at that left side.

So we've focused on a diagnosis of the HIV
testing, now we want to focus on the linkage
to reengagement and the retention into care.

And so in your programs we are requiring
organizations to link to, reengage,
and help retain clients and medical care.

And we'll talk about the retention component with the navigation subcomponent of the program.

But although we did not set a performance measure associated

with reengaging previously diagnosed HIV positive individuals into medical care.

Because quite honestly, many organizations will not know, or don't know,

how many previously diagnosed individuals they will work with.

However, there's a full expectation that if you do have individuals who are previously diagnosed

who are not in care, that you are reengaging them back into care, and you are including

that piece as a part of your 15-1502 program.

However, for the purposes of performance measures,

the following performance measure has been identified for newly diagnosed individuals.

So you organizations must link a minimum of 90% of all newly diagnosed HIV positive individuals

to HIV medical care within three months of diagnoses.

So this is consistent with the national indicators and with the performance measures

across other funding opportunity announcements.

And so this is actually the individuals attending their first medical appointment

within three months or 90 days of diagnoses.

Which is, again, where that critical piece in having that service agreement

with the HIV medical care provider comes into play.

The next subcomponent of HIV prevention for HIV positive persons is the navigation

and prevention in the essential support services.

So this component really focuses on training and developing navigators.

And your navigators, you know, you may not call them navigators.

They may -- you may call them community health workers, or outreach workers.

Peer advocates.

Whatever you call them, the goal is really to try and develop these individuals

to help facilitate access to medical care, and support the referral to,

or provision of prevention in essential support services.

And the key phrase being, referral to,

or the provision of prevention and essential support services.

As I mentioned in Part One, although we have given you specific program requirements,

we've also given organizations a flexibility

to develop their individual programs based upon your organization and the need

of your potential -- of your clients.

So related to this subcomponent, our first performance measure,

the organizations must prefer, refer,

or provide 90% of all duly diagnosed HIV positive persons to partner services.

So if you recall, in your testing documents there's HIV testing of partners services.

A letter of agreement, in which the health department tells us whether

or not organizations are able to provide partner services.

And if you are, then we ask, you know, what components of partner services.

If no, if it's simply a referral to, that's fine too.

But at a minimum we are expecting all organizations to refer at least 90%

of all newly diagnosed persons to partner services.

The second performance measure is related -- is really for organizations to refer or provide 90%

of all newly diagnosed HIV positive persons to one or more of the required

and recommended prevention and essential support services.

Again, there were -- we do not identify performance measures

with previously diagnosed individuals.

However, that does not mean that you should not be providing services

to these individuals, because you absolutely should.

It's just the performance measures are based upon the focus off of the FOA,

which are identifying newly diagnosed HIV positive individuals.

And so on this next slide, we list the required

and the recommended prevention
in essential support services.

Okay, keeping in mind for the
required use of partner services.

And so there is already a performance
measure that says at least 90%

of individuals must be referred
or provided the partner services.

So if you meet that performance measure,

you've technically already met the
second performance measure associated

with this component of the program.

For medication adherence, again
that is a required component.

There may be instances where a person --

their physician has not recommended that
they be on any anti-retroviral therapy.

And if that is the case, that's fine.

We're not saying that everyone must be on it
against whatever their physician orders are.

However, what we are saying here is

that there must be some type of
medication adherence service.

Or a component for those individuals who
do require -- who are required to be on --

or need to be on some type of medication.

Now with this component, your organization
may already have their -- a specific --

or specific medication adherence services,
and it's fine for you to enhance those --

to enhance those services, or the next
slide is you'll see that there's a table

that provides a list of five medication adherence, high-impact prevention interventions.

You can also choose to implement those.

We are not saying that you have to, but that your medication adherence component can either be a mixture of -- your services -- the medication adherence services that you provide in your agency.

And the high-impact prevention medication adherence interventions.

Or it could be one or the other.

Again, you have the flexibility to do as you -- as deemed most appropriate for your agency and your client.

The third required service is that organizations must provide or refer newly diagnosed HIV positive persons to high impact prevention behavioral interventions.

And this is a requirement only for newly diagnosed, HIV positive persons.

Again, we are not saying that previously diagnosed individuals cannot be provided these behavior interventions.

But we're saying this is a requirement for all newly diagnosed persons.

And so within the FOA below this bullet, you'll see a paragraph.

And that provides all of the CDC supported behavioral interventions.

Though if you choose to actually utilized 1502 funds to provide these interventions,

those are the interventions that can be supported with 1502 dollars.

If you go to the 1502 website, if partners specifically list the populations as these interventions are appropriate for.

Okay? And then below that we have the recommended prevention and essential support services.

This is not meant to be an exhaustive list, but we did want to make sure that we were covering some of those most common areas where you find individuals in need, and where you find community-based organizations providing the most support.

Again, based upon your target population, there may be additional services not on this list, and that is fine.

There will be places where you can cast your other.

But in your proposal, please make sure that you describe these in detail.

And this table is what I previously mentioned.

And it is also included in the Funding Opportunity Announcement.

It's a table that lists a CDC support and linkage to care and medication adherence interventions.

As I mentioned, with linkage to care, there's one -- we have ARTAS listed here.

That does not mean that you have to implement ARTAS.

You may have some linkage to care services that are working well, that you want to enhance under 1502 in your program, and that is fine.

You may decide that you want to do more of a structured intervention, which will be ARTAS; that's fine.

Or you may want to do a combination of both, and again that's fine.

If you have not already done so, I would strongly encourage you to view Dr. Charles Collins presentation, in which he provides quite a bit more detail on the linkage to care medication interventions, as well as some of the other behavior interventions that are supported by CDC.

And I just want to also add a point here.

That, you know, you do not have to attend a training on these interventions in order to write a solid proposal.

There is a capacity [inaudible] assistance available that talks about how to select a behavioral, structural, or biomedical intervention.

And you can find additional information on these interventions on effectiveinterventions.org.

The next component is HIV prevention for High-Risk HIV-Negative persons.

Again, if you remember during my Part One presentation, we talked about that once you allocate funding to support HIV testing,

then up to 25% of that remaining funding can be used to support HIV prevention

for high risk negative -- high risk HIV negative persons.

Please remember, this is a required component.

So your program as well as your budget must account for HIV prevention

for high-risk HIV negative persons.

If you do not have any narrative related to this component, then yes,

your application will be deemed non-responsive.

So focusing on the navigation and prevention and essential support services,

organizations are asked to train and develop navigators.

Again, the term -- the titles of these navigators is up to you,

but to train these individuals to help educate clients or remaining HIV-negative,

by reducing their risks for becoming positive.

And by providing or referring clients to prevention and essential support services.

And again, the key phrase being providing or referring clients

to prevention and essential support services.

So in the way of our performance measure, organizations must refer, or provide,

90% of all high-risk HIV negative persons to one or more of the required,

and recommended prevention and essential support services.

And again, this is the list of the services.

So we'll really focus again
on the required services.

So screening and treatment for STDs,
hepatitis, and/or tuberculosis.

So again, this is not saying that
if you're one of those organizations

that are not considered to be a clinic.

And do not have the capacity, that you
have to provide the screening for yourself.

But they're saying, you must at least, for
individuals who are high-risk HIV negative,

and this is appropriate, you must at least have
a mechanism for providing or referring them

to integrated screening activities.

I mean if you recall during Part One, I talked
about collaboration with the health department.

And there was a specific focus on
collaborating with health departments to develop

or to establish relationships
with a referral network

of providers that provide PrEP and impact.

And so that's appropriate.

So here is where that comes in.

We do not expect organizations
to build this network.

But we do expect you to work with your health
department and to work with other organizations

within your jurisdiction to support
the availability of these services.

So again, our funding cannot be used
for clinical care or for medication.

Or to -- so in this case to provide medication.

To provide PrEP -- the medications for PrEP/nPEP.

But it can be used to help the -- to help build the network for -- to support the staff.

To help your staff and just get you to engage the clients to get them to these services.

So you want to look at it from that perspective.

It's the support that is needed to help a client get to and receive these services.

Not the actual paying for the payment of the medication.

And then at the bottom here, we have again, some additional -- and a pretty comprehensive list.

But it's not an exhaustive list -- of the prevention and essential support services.

And again, within the FOA, there are specific, high-impact behavioral interventions that are CDC supported.

And that are eligible to be supported with your 15-1502 funding.

And you know, and staffed in your program, you want to very specifically describe if you choose

to implement a high-impact prevention intervention, you want to specifically describe

that part -- which part of your target population you will implement these

interventions with, and what the criteria will be.

The next required component is condom distribution.

And we are requiring that all organizations offer condoms to 100% of HIV positive persons, and high-risk HIV negative persons.

Now again, this goes beyond the fishbowl of condoms sitting your --

on the counter when you walk into an agency.

It's find to have that as a complement.

But we're talking about a structured kind of distribution program that is linked

with the other components of your program.

So, for example, it may be linked with your program promotion outreach

and recruitment component of your program.

That is, you're providing individuals with condoms, but you're also providing them

with additional information on your programs, services that are needed, and these are part

of your recruitment strategies to recruit appropriate individuals into your program.

The next required section is HIV and Organizational Planning.

And so we really want to make sure, and ensure your strategic plan supports the provision

of continual HIV prevention and care services.

And so when we talk about strategic plan,

we're talking about your agencies organizational strategic plan.

And so we're not saying -- we're not asking you to go out and spend an exorbitant amount

of money to identify a consultant who will help you go through our strategic planning process.

Especially if it's a process that you have gone through recently.

What we are saying is that it's important that you have buy-in from the top down.

If there has been buy-in from the top down for this prevention program,

than the chances of it being successful are somewhat limited.

So we're saying within the first six months of funding, CBOs must develop

or advise their organizational strategic plan to assure that their proposed 1502 plan aligns

in a -- aligns with the overall mission of your agency.

Again, you don't want to apply for funding for a program that does not fit

into the mission of your organization.

And your organizational plans should still house your 1502 program, but more so,

HIV prevention fits into the organization -- the overall mission of the organization.

But also you really want to specifically focus on how this plan supports to provide a continuum

of HIV prevention and care services.

So how is your organizational strategic plan --

how does that take into consideration the national HIV/AIDS strategy --

the goals and objectives of the National HIV/AIDS strategy.

The HIV continuum of care high-impact prevention.

So if your organization has not gone through a strategic planning process

within the last 24 months, don't worry about it.

We have [inaudible] for that.

We have capacity building assistance providers that are funded to provide capacity building assistance.

To help you with strategic planning.

And I failed to mention earlier, where all of our capacity building assistance is free of charge.

We are funding capacity building assistant providers to assist you and to provide this capacity building assistance.

So it's no charge to you.

If you're an organization that has gone through organizational strategic planning process

within the last 24 months, you may want to revisit, or an addendum needs to be done

to make sure that your plan -- this program fits nicely into the overall mission of your agency.

That's fine too.

We have capacity building assistance for that as well.

And we want to make sure that you know that there's buy-in from the top

down to help support the success of your program.

As previously mentioned, participation in your jurisdiction's HIV planning process is required, and it's a critical component.

You should want to participate to ensure you know what is going on,

to make sure your programs are following HIV inspections that's in your jurisdictions.

And again, the level of participation is based upon their requirements

and what the expectations are of your respective jurisdiction.

So this next slide, we'll just really briefly talk

about evaluation and performance measurement.

Carolyn Wright will provide a presentation, if you haven't done --

haven't viewed that yet I would encourage you to do so.

But to view her presentation on the National HIV monitoring and evaluation.

And what the expectations are, and some of what the roles

and responsibilities are, related NHMNA.

What -- we want to make sure -- we want to be able to demonstrate the value of the program

and describe the effective implementation of this funding opportunity announcement,

and the individual programs that actually contribute to the success of the program.

So we have to have evaluation and performance measurement to make sure one,

that CDC is accountable to the National HIV/AIDS tragedy, and that we are responding to the goals

and objectives that are specifically related to the work that we do.

But also, we want to make sure that we have a way to demonstrate the value of your program.

So each of our programs are responsible --

are accountable to CDC, which is why we have established FOA performance measures, to help --

to make sure that we have
a level of accountability,

to make sure we're all meeting
the expectations that have --

that are associated with
our HIV prevention programs.

So all of our funded organizations
will work with CDC

to develop an implement performance
measurement standards.

Again, part of that has been done in
establishing the FOA performance measures
within the funding opportunity announcement.

As I mentioned previously, the very
beginning of Part One, we'll work very closely

with organizations to develop
a more detailed evaluation

and performance plan during Phase
One, or the development phase.

And this plan will build upon your work plan
developed and submitted with your application.

So that will be -- your final approved plan
is what really this evaluation plan will

build upon.

For those of you who are currently funded,
you are -- you're very familiar with the MOUs

and the rules of behavior related to
data security and confidentiality.

However, those forms have gone
away and there's a new process.

And so here this bullet talks about
organizations complying with CDCs data security

and confidentiality guidelines for HIV, viral hepatitis, STDs and TB programs.

If funded, this information's also contained within the FOA.

If funded, you will click on this link and they will walk you through all the required processes and documents that need to be in place.

So I encourage you to familiarize yourself with this process as well.

Again, we will have questions -- you will be able to ask questions during the schedule,

pre-1502 -- 15-1502 pre-application webinar conference calls.

So again, the purpose of these recordings are for you to view the recordings.

Listen to the information.

And then any questions you have, and if you jot those down, you're free to participate on any

of the four -- any or all of the four webinar conference calls

that will be upcoming in October.

And then the dates and times and the log-in information can be done on a 15-1502 website.

So really quickly, there's, you know, we've gone through the program matter requirements.

What needs to be in your application, related to responding to the programmatic requirements.

But we also want to talk about some of the business -- the business side of it, but really,

right now we'll focus on the funding restrictions,

or what your funding cannot be used for.

So these -- all these restrictions are listed in the funding opportunity announcements.

So I won't read all of them verbatim, but I do want to make sure

that quite a few of them are emphasized.

So restrictions that must be considered while planning the program and writing the budget.

And again, you know, you want to make sure you review these, so you don't propose

to do something that's not allowable.

So awardees may not use funds for research.

Again, there cannot be any resemblance of research incorporated into your programs.

The program -- your application will not move forward for eligibility review.

And we don't want to jeopardize the entire program, because this is a non-research program.

Awardees may not use funds for medications and clinical care.

And you've heard this referenced throughout Part One and Part Two, that you cannot use the funds

to provide or purchase medications; any type of clinical care.

However again, for example, integrated screening,

you can use the funds to purchase the kits.

The supplies used to provide the actual testing screenings.

Awardees may use funds only for reasonable program purposes,

including personnel, travel, supplies and services.

And these are directly associated with 15-1502.

Generally awardees may not use funds to purchase furniture or equipment.

Again, Frieda Johnson will provide a great example,

and talk a little bit more about this in her presentation.

So I won't go into great detail.

However, any funding you're -- any items you're proposing to purchase,

must be detailed within your budget.

Reimbursement of pre-award cost is not allowable.

So only you will not -- if you've done any travelling, trainings, etcetera, you will --

and you expect to be able to be reimbursed, [inaudible] and you've done this prior

to the awards for 1502 being made, that is not allowable.

And then other -- we have other than for normal

or recognized executive-legislative relationships, no funds may be used

for publicity or propaganda purposes.

For the preparation, distribution, or use of any material designed to support

or to defeat enactment of legislation before any legislative body.

And again, this talks about, you know, more --

the lobbying and what funds may or may not be used for when working with legislation.

Okay, funding restrictions required, and we talked about this a little bit ago.

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes, and not merely serve as a conduit for an award to another party or provider who is ineligible.

Again, the direct -- the lead applicant organization is expected, or must be able to provide all administrative oversight of the program, and cannot simply apply for the funding to then pass -- services pass through to give the funding to another organization that was ineligible for any reason.

So you want to make sure that when you're developing your partnerships, that if you just choose to come in as the lead in the CV or HIV prevention partnership.

Or you choose to contract with an organization for a component of the program, that the substantial of the role -- the [inaudible] substantial role in carrying out the project outcomes remains with the applicant organization.

And that is the organization that submitted the application to CDC via grants.gov.

Awardees may not use funds for construction.

Awardees may not use funds to support direct implementation of school-based HIV prevention programs.

However, this is not applicable to collaborations

with school-based HIV prevention programs.

And if you remember in Part One, I talked about working --

collaborating with your health department to establish collaborations or relationships

with adolescent school health programs.

Again, this is more than appropriate to establish these collaborations.

However, your funding can now be used to support the development and the implementation --

and the implementation of a school-based program.

However, you can establish collaborations, in which again, as I had mentioned in Part One,

a school-based -- an allied school based program may be working with a specific population

as your primary target population.

And so the two programs have established a collaboration to enhance and maximize the reach

of the program to better serve the population -- the intended population.

And then the final restriction on this page is data collection initiated under the grant

and cooperative agreement, has been approved the Office of Business -- of Management and Budget.

And the National HIV Prevention Monitoring Evaluation specifically focused on --

excuse me -- National HIV Prevention Monitoring and Evaluation.

And the expiration date for this is March 31st.

Of course any change of the data collection are subject

to the review -- subject to the review by OMB.

But will also be communicated in a timely manner to any awardees.

The next few slides will talk about the application submission information.

And this information is contained within the FOA.

We've already passed the Letter of Intent due date.

I won't spend time on that.

I will just say that the letter of intents were not required.

They are not binding.

They simply assist CDC with planning purposes, and all the activities that come after applications have been submitted.

You want to make sure -- the second bill, it focuses on application content.

You want to make sure that your application includes the table of contents.

Your project abstract.

Which much be completed and submitted via grants.gov.

There is a section within there, when you download the application package in which you put the abstract.

You want to make sure you have your project narrative.

Your work plan and your budget narrative.

Again, all this information is detailed in the funding opportunity announcement.

Submission information continued.

You want to make sure you have your Table of Contents.

And it complies -- it's a detailed account of the entire application package, and all of the required documents.

And then when -- once you upload this, you should upload this Table of Contents.

Please make sure you adhere to the naming -- the directions for the naming of these files.

Because when we're doing the eligibility review process, we want to make it as easy as possible

to find these documents, to make sure everything is then included.

And considering there will be hundreds of applications that the procurement

of grants office will have to go through to determine eligibility.

So please follow the instructions within the FOA.

Again, the project abstract is a maximum of one page.

And it is just a brief summary of your proposed project,

and there's a little bit more detail in your FOA.

But this is just a brief summary of your proposed project.

There's a little bit more detail in your FOA.

But this must be completed within grants.gov, and there's a specific text box

in which you complete this information.

The project narrative.

Again, it's a maximum of 30 pages.

During Part One I mentioned this, that all pages beyond the 30 pages will not be reviewed.

So please make sure you adhere the page number requirement, but also to the spot specification.

So single spaced.

Calibri. 12 point, 1-inch margins, and please number all pages.

And we want to make sure that you adhere to all the requirements.

But also to make sure that in the eligibility process it allows

for a thorough eligibility process with minimum challenges for the individuals responsive --

responsible for reviewing the hundreds of applications that are expected to come in.

And within your project narrative, you must include the following headings.

And if you follow the funding opportunity announcement,

you will easily include these headings.

But you have the background.

You have the approach section which includes your problem statement, your purpose,

your outcomes, your strategies and your activities.

And again, reference the FOA for specifically naming these required activities.

Within that are the collaborations.

Your target populations.

And your inclusions.

Although we specifically -- there's
a target population worksheet,

you still want to make sure that you describe --

you appropriately and describe your
target population within the narrative.

Okay? You also want to make sure
you have the applicant evaluation

and performance measurement plan section.

And then your organizational capacity of
applicants to implement their approach.

Make sure you follow these headings
as described within the FOA.

Your work plan, I talked
about this again earlier

in Part One, but it's a maximum of 10 pages.

And within the FOA it asks you
for a detailed Year One work plan.

But then it also asks you to provide
a work plan for years 2 through 5.

You want to make sure it specifically
delineates how your organization plans

to achieve the project outcomes.

And how you plan to implement the
strategies, activities, and the evaluation

and performance measurement of the FOA.

Okay, again here is what should
be included in your work plan.

This is a five year overview of your project.

Your intended outcomes for the entire five year project period,

in a logic model with these additional -- with these requirements included.

And then we want Year One.

We really want to focus on Year One.

Because again, we'll help you to finalize your program.

And then for subsequent years, you'll provide detailed work plans

for each year as that budget year comes.

And within the Year One detail work plan, we're going to talk

about the program strategies and activities.

So those are the components.

The program promotion outreach and recruitment.

Your collaborations.

Your HIV testing.

All of those components are referred to as your program strategies and activities.

So you want to talk about outcomes and how they're aligned

with your program strategies and activities.

And then you also want to come up with smart objectives with your programs.

Including quantitative baselines and targets based upon your proposed program.

So although, for example, we've set up a performance measure,

6 new infections for every \$50,000 allocated to support HIV testing, you might want to --

it would better assist you in
developing smart objectives

for how you'll get to those 6 new infections.

And so although we don't prescribe
what those smart objectives should be,

you should look at your programs and say, okay,

maybe this number of tests conducted
would help me in achieving that.

So you want to be thinking about what
type of smart objectives will help me

in meeting the overall FOA performance measures.

You want to make sure you talk about activities

and how they're aligned with
your program objectives.

And then your timeline for implementation,

which includes the staffing
responsible for the proposed program.

And any C button TA and training needs.

Again, identifying C bunch and
TA does not impact your program.

We want to make sure that we know
what your CBA/TA needs are up front,

so that we can assist you
in prioritizing those needs.

This next slide talks about
your budget narrative,

which again Frieda will talk
about in her presentation.

But the budget narrative is not included
in your project narrative 30 page limit.

So again, this separate and
apart from any page limitations

that have been described within the FOA.

There are no page limitations
for the budget narrative.

And the FOA must follow the format of the --
I'm sorry, the budget must follow the format

of the FOA, and be organized
by program strategy.

That being said, we understand a kind
of distribution -- you sometimes --

most times you will not know
whether a person is HIV positive,

or if they're high-risk HIV
negative individuals.

So condom distribution, you may want to break
down as a subcomponent across your prevention

with positives and your prevention
with negatives.

The same thing with, say your program
promotion, outreach, and recruitment.

You may want to break that
down across the testing --

the prevention for positive and the
prevention for high-risk negative.

Because in those instances you don't necessarily
know whether a person is HIV positive

or HIV negative.

To see if you are submitting your application
as a BO HIV Prevention Partnership,

you want to make sure the lead applicant
organization must submit an itemized budget

for each partnership member as a
part of the overall program budget.

So if you're -- again, if you're choosing to apply as a CVO prevention partnership;

if you're CVOA, you have our overall program budget,

and embedded within that budget is the itemized budget for CBO B and CBO C, your CBO partners --

your CBO HIV Prevention Partnership members.

And the same -- along those same lines, if you're African --

if you're choosing to implement integrated screening activities, then again,

you must submit an itemized budget to support these activities as part

of your overall 1502 proposed budget.

So within your overall proposed budget you may have a section that you want

to capture with integrated screening.

And they want to see the total amount allocated, but what those funds will support.

Testing? Will it be staffing?

All of those things.

So please make sure you provide an itemized budget.

And again, these are just a list of the required attachments.

These are included and listed within the funding opportunity announcement.

Okay. So just some submission dates.

Again, the letter of intent due date has passed, so we won't focus on that.

And again, the letter of intents were not required and are not binding.

If you did submit a letter of intent, we will not go back and compare what you said

in your letter of intent to what you included in your proposal.

Again, it was just for planning purposes, and to help CDC in planning the next steps,

and then the processes associated with the review of applications, etcetera.

I wanted to remind you, and you will hear this over multiple presentations.

The applications are due November 14, 2014 at 11:59 pm, Eastern Standard Time.

Please make sure that you start your submission process early.

Applications must successfully complete the validation process before the applications are

transmitted to CDC.

Grants.gov is not a CDC owned system, so we will only be able to pull the applications

that have been successfully validated, and transmitted to CDC.

Start early.

We've intentionally set the application due date on a Friday to allow you multiple days

for your applications to validate.

To make sure you complete the validation process.

Okay, and we'll continue on with the application review and selection information.

Some people are aware of this, but we always --

we just want to make sure that we provide this information.

It is captured within the funding opportunity announcement.

But I'll provide just a little bit more detail regarding the review and selection process.

So Phase One of this process is the eligibility review and technical responsiveness review.

Once your applications have validated in grants.gov, and have been retrieved by CDC, meaning they successfully validated and were transmitted to CDC, the CDC procurement and grants office will pull the applications.

And this is a joint process between the Procurement of Grants Office,

and the Division of HIV/AIDS Prevention staff joint process.

And that the prevention staff simply serve as subject matter experts.

In the event there are questions regarding the required component that is associated --

required programmatic components associated with the FOA.

However, PGO does the initial eligibility review.

In its review, they're making sure that all of the required documentation that had

to be submitted with the application has been submitted.

They're making sure that the organizations meet all of the eligibility requirements

as they are stated, within the funding opportunity announcement.

This is the first part of the process.

If any part of your application
is non-responsive.

If something was not submitted.

If your application was deemed ineligible,
it will not move forward to Phase Two

of the process, and applicants will be notified

that their application did
not meet the eligibility

or published submission requirements.

Again, so it's critically important

that you read the eligibility
information section of the FOA.

That you make sure that you submit all
of the required documents that are listed

within a funding opportunity announcement.

Once an application has been deemed
eligible by PGO simultaneously,

the prevention staff will take
that application and will look

at it for technical responsiveness.

We're not looking at the quality of the
application, we're looking to make sure

that all the required components
are responded to.

So we go through the application, we want to
make sure there is text or narrative associated

with each of the required program components.

If it is, then the application
is deemed technical responsive,

and then the application will move on to the next process.

Again, we're not looking at the quality of the application, we're simply making sure

that you have responded to all of the required components of the FOA.

The second phase are the special emphasis panels.

And this is where your applications are reviewed and scored

by independent review panels assigned by CDC.

Assigned by the CDC office of the director, there is a very extensive conflict

of interest process that each potential reviewer must go through to make sure

that they don't have any conflicts in this process.

So for example, if you serve as a board of director of an organization that has applied

for funding under 15-1502, Then you would not move past the conflict of interest process,

because you have a vested interest in your organization, receiving funding under 15-1502.

So the applications are actually read and reviewed individually by a group of peers.

Individuals that have experience in HIV prevention and care.

They're reviewed and scored individually.

Once the applications have been reviewed and scored individually,

the individuals are brought together on a panel.

It's a panel of three reviewers, a chair, and a recorder.

They review and discuss the application.

They then individually assign scores.

And from those individually assigned scores comes the average score for the application.

It is those scores that will determine whether applications will move forward in consideration

for a pre-decisional type visit, which is Phase 3.

I also want to know that these individuals are all external to the Federal Government.

The individuals who are reviewing and scoring your applications.

So it is an extremely objective process, but we also want to make sure that it's done

by individuals who have experience in HIV prevention and/or care.

So we do develop subject matter expert questions to make sure we're able to get past experience,

and expertise of the individuals reviewing the applications.

The review panel only reviews and evaluates complete eligible applications, which is again,

why that eligibility review process done in Phase 1 is so critical

to making sure only applications

that are responsive move forward to this part of the process.

Applications can receive a maximum of 100 points.

Those points are listed in a funding opportunity announcement, but they're also listed here.

In the development of your application, please make sure you're also referencing this section

of the FOA to make sure that you're responsive to each component and you are aware

of the points associated with each component of the program.

I'm sorry, let me back up and also just draw your attention to that the capacity building

and [inaudible] justification sections are not forward.

Again, we want to know what your CBA/TA needs are so that we can help

to prioritize those if you're funded.

But they are not scored.

So the final phase of the review and selection process is what we call our Pre-Decisional Site

Visit Process.

This is actually the first time the prevention program branch will actually have the

opportunity to read your applications and to actually assess whether you have the capacity

to do what you actually said you have capacity to do in your proposals.

And this is done via face-to-face one-day assessments.

They are standardized assessments.

The same assessment is done with every organization

that receives the pre-decisional site visit.

In which there's a series of questions that we ask,

again to help us determine do you have the capacity

to do what you say that you're going to do?

As I've said during all the pre-application workshops, it's fine.

We know a lot of organizations work with grant writers and that's fine.

We do not have a problem with that.

When we conduct pre-decision site visits, we want to talk --

we're interacting and we're talking with HIV prevention program staff

to make sure they understand the program, and to make sure they're able

to describe how this program will operate within the larger organization.

And we do provide you with a list.

When we call to schedule the pre-decisional site visits, we do provide you with a list

of all the documents we'll need to see.

As well as all the documents we'll need to bring back with us.

So you have plenty of time in advance to get this information together.

As stated and published within the FOA,

applicants can receive a maximum PDSV score of 550 points.

If your program fails to score at least 400 points during the PDSV process,

then the application is automatically not considered for funding.

Applicants applying for funding will be selected to receive PDSVs based upon scores

from a special [inaudible] process.

And CDCs funding preferences.

And the specific funding preferences are listed within the FOA.

And so the next slide will also give you -- provide an overview of the funding preferences,

and these are exactly -- these are FAR listed within the FOA.

So preference to ensure equitable balance in terms

of targeted racial or ethnic minority groups.

The number of funded applicants serving each racial

or ethnic minority group may be adjusted based on the burden of infection in that group

as measured by HIV or AIDS reporting.

Preference to avoid unnecessary duplication.

Again, this is critical.

And this is where you want to look at whether it's mutually beneficial for you

and your partner organizations and your target population to apply

as a CBA/HIV prevention partnership.

You want the third funding preference is the preference for applicants that propose

to implement high impact prevention services among target populations not addressed

by higher ranking applicants.

Preference for the balance of funded applicants based on burden

of HIV infection within the jurisdiction.

And disproportionately affected geographic areas as measured by CDC.

Preference for applicants to
propose cost effective programs

that fully maximize the impact
of CDC's fiscal resources.

And preference for applicants
with extensive experience.

At least 24 months serving the
proposed target population.

And again, I did read these verbatim, because
I wanted to make sure that everyone --

your attention is drawn to
these funding preferences

if CDC reserves the right to apply them.

Award administration information.

So the start date for this
new project is July 1st, 2015.

So of course all awards will
be made by July 1, 2015.

All successful applicants will receive an
electronic notice of award from CDC PGO.

Your award is not official until you
receive this electronic documentation

from the Procurement and Grants Office.

There is nothing that supersedes this
notice of award that comes from PGO.

And the notice of award is the only binding,
authorizing document between an awardee and CDC.

The NOA or Notice of Award is signed
by the grants management officer

and emailed to the awardee program director.

And that is the individual within the -- the
first few pages of the application package

in which you identify as the project program director.

Okay. So Pre-Application Technical Assistance.

So I want to thank you guys for sticking with me this long if you're still here.

But we want to also make sure we really develop a comprehensive technical assistance program

or portfolio to support this program.

We really want to make sure organizations are well positioned to compete successfully

for this program, and in doing so, there is a variety or a myriad, really,

of technical assistance activities available to you.

And again, Maria Alvarez will talk a lot more about this in her presentation,

so if you have not viewed that, I would encourage you to do so.

But we first want to highlight some of those key resources

that we want to direct your attention to.

The first being the 15-1502 informational website.

This is where you will find all the most updated information on 15-1502.

Whenever we do a blast to our partners, we will always update the website.

And we really and strongly encourage you to check this website on a regular basis,

because we do update it quite frequently as we move through this FOA process.

Also with on the 1502 website, there's the frequently asked questions document.

This document was really developed to help you -- any questions you initially had, to be that primary resource document.

And I would encourage you to go there first.

You may have quite a few questions, I would encourage you to go to the FAQ's document

and see if your question is answered there.

If it's not answered there, that's fine.

You can always tend to send your question to CBOFOA@CDC.GOV.

If it's answered there but you still have another question, again that's fine.

You know, please feel free to submit your questions to CBOFOA@CDC.GOV.

We then also have the general ask questions document.

This is based upon questions we receive via the CBO email address.

And so we're able to look at these questions, if they are questions that can be generalizable

to everyone, then we'll just thin them down so we're removing any identifying information,

and we'll post the question as well as the response.

And this is updated every couple of weeks to the PF 15-1502 website.

Again, we're asking you to go to these two documents first, to see if any --

the answers to your questions are there, prior to sending your questions to CBOFOA@CDC.GOV.

If you still want to send your questions to CBOFOA@CDC.GOV, that is fine.

We have no problem with it.

That's why we established this vehicle for you to do so.

We -- when you submit your questions, please make sure that your question is clear.

And then we will respond to your question in about three business days.

Again, we respond to the initial sender of the question in about three business days.

Keeping in mind that we do adhere to and follow whatever holidays --

federal government closures for holidays.

And then if none of those forms work for you, we do have our informational line.

And we do not sit and wait for the phone to ring.

However, there is -- you are able to leave a message, we ask that you leave your name

and your contact information and your question, and we will respond to your call.

Again, we ask that you use that as a last resort, because we really want to make sure

that we understand your question, and so it's easier for us

if you send your question in writing.

It's easier to make sure that we understand your question, and we're able to respond accordingly.

We also have a series of pre-application technical assistant activities.

Of course the four regional workshops, in which we have one workshop remaining.

Or at the time that this is being recorded,
which is October 6, 2014 in San Diego.

However, these face-to-face workshops are
not required, and the same presentation --

as I said in Part One -- the same presentation
provided during these four workshops is the same
presentation I'm doing today.

And so it provides you with the opportunity
to receive the same information without having
to attend -- having had to attend the workshops.

But also, for individuals
that did attend the workshops,

there may be some additional
clarification that's needed.

We encourage everyone to participate
on the webinar conference calls,

as many as they would like, to make
sure they have a full understanding.

So as you're listening to my presentation now,
we will then host webinar conference calls,

in which I will be available,
as well as the presenters

on the other recorded presentations will be
available to answer any questions that you have,

and you see the dates for those
webinar conference calls listed here.

If you go to the FOA website, the times for
those calls and the login for those calls --

login information for those
calls are available and ready

for you -- and easily for you to access.

We then have the final last chance -- last
chance, final technical assistance calls.

Now by this time your applications are due on November 14th.

So by this time, you should really have your applications finished.

You're good to go.

You just have some final tweaking that you want to do, so you want to call in

and ask some final questions that might be related to the submission of your application.

Some final budget questions.

We don't expect to get questions related to helping you

to gain a better understanding of the program components.

Because this is really -- your applications; your proposals should be finished,

you're just fine-tuning and making sure you have some things correct,

or having to clarify a few things.

And so those are what these calls are for.

And you will have individuals or representatives from some of the areas.

So from the Prevention Program Branch, and Procurement Grants Office.

The Procurement Grants Office, Technical Information and Management Section.

And the capacity building branch will be available on these last chance final calls

to provide any last minute information that you may have or need.

Excuse me.

We also have the Grant Writing Training Series.

So there are 12 trainings -- we work very closely with the Capacity Building branch

to bring to you -- or to schedule grant writing trainings.

Not to assist you and tell you how to -- help you in the writing of your 1502 application,

but to help you in the development of proposals to any funding source,

whether it be federal, state, or local.

But really to help you in the development of a solid, strong,

comprehensive proposal to funding sources.

So again, we wanted to make sure that we provide a strong foundation for organizations

who are considering applying for 1502.

But again, also other funding sources.

So if you go to the 1502 website, we've listed all

of the grant writing trainings that are available there.

The registration information is also available on the 1502 website.

All we ask is that you attend a training that is in your respective area.

So if you're located in Chicago, Illinois, we'll ask that you attend a training in Chicago,

and not travel to one of the other sites where a training may be held.

If this is something you're interested in, space is limited, so we ask that you register --

we encourage you to register as soon as possible, but please limit the number

of participants per organization to 2.

Just to make sure that we can accommodate as many organizations that are interested as possible.

And then if that wasn't enough, we really wanted to make sure that given this FOA, is very different from what we've done in the past.

We want again to make sure that you have the technical assistance needed to help you in development of your programs.

So we looked at from our past -- our previous CBO FOA's, we've looked at what were some of the most common capacity building assistance requests?

What were those areas that most organizations continue to ask for?

So this doesn't mean that you can't still submit individual [inaudible] requests --

which Maria Alvarez will talk about in her presentation --

but we wanted to provide you with a webinar training

in which a directly funded statement provider will provide a training, but still will allow

for question and answer about certain topics.

So this slide provides you with an overview, or the information for four trainings

that we will have beginning October 22nd, that focus on those,

the most common capacity building assistance request areas.

So the first one's selecting a behavioral structure and biomedical intervention --

which I mentioned in the presentation.

The second one is developing a managing collaborations and partnerships.

And this one is really critical given there is such an emphasis on collaborations and partnerships throughout this FOA.

The third one is developing and implementing culturally competent HIV prevention programs.

And the final webinar training is behavior risk screening for transmitting or acquiring HIV.

Again remembering, that a brief risk assessment must be completed prior to HIV testing being provided.

So again, the actual times and the login information is available --

will be available on the 1502 website for these.

And again, as Maria Alvarez will mention in her presentation,

you can request individual capacity building assistance.

If you visit the 1502 website, and you click on the capacity building assistance link,

it will then provide you directions for how to access and request capacity building assistance.

So we have here the agency contacts.

Of course any questions related to programmatic technical assistance.

So that's any questions related to the program.

The program requirements.

The eligibility requirements.

Please send those questions to the information listed here.

If you have questions for -- where you need financial awards management

or budget assistance, please contact Ms. Frieda Johnson,

and her contact information is listed here as well.

Okay? I thank you so much for taking the time out to listen to this presentation.

Again, if you have any questions, please feel free to send them to the CBOFOA@CDC.GOV.

And I've also listed the email address for the --

or excuse me, the website address for PS15-1502.

Again thank you so much, and good luck in the development of your applications.

Have a great day.

[Silence]